

SEE INSTRUCTIONS ON REVERSE SIDE

BOARD OF EDUCATION
BUREAU OF PEDAGOGIC COMPENSATION
PER DIEM SUBSTITUTE SERVICE REPORT

NAME OF SCHOOL, BUREAU, OR ACTIVITY: _____

TELEPHONE NO.: _____

BUDGET CODE
(100-103)

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4 Digits

PROJECT NO.
(104-108)

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5 Digits

SERVICE MONTH

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2 Digits

MONTH
(109-110)

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2 Digits

(113)

K

(114)

1

DISTRICT
(115-116)

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2 Digits

BORO
(117)

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1 Letter

SCHOOL
(118-120)

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3 Digits

1 PER DIEM'S FILE NO. 6 Digits (1-6)	2 PER DIEM'S NAME (7) (8) (9-23)			3 PER DIEM'S SOC. SEC. NO. 9 Digits (24-32)		4 STAT US (33)	5 AR- REARS (34)	6 SK LV (35)	7 NO OF P/T DAYS 2 Digits (36-37)	8 POS SYM 2 Char (38-39)	9 (40-42) (43) (44-45) D H M			10 BUDGET LINE NO. 4 Digits (46-49)	11 ABSENTEE'S FILE NO. 6 Digits (50-55)	12 ABSENTEE'S NAME OR ABSENCE/VACANCY SYMBOL (56) (57) (58-64) FI MI 1st 7 CHARS OF LAST			13 ABSENCE CODES (65-67)	14 CODED DATES OF SERVICE OR SICK LEAVE (circle each date separately) (68-99)										
	LAST																													
	FI	MI									D	H	M			FI	MI													
																				01	02	03	04	05	06	07	08	09	10	11
																				12	13	14	15	16	17	18	19	20	21	22
																				23	24	25	26	27	28	29	30	31		
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																				23	24	25	26	27	28	29	30	31		

SUB-TOTAL ENTRIES

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2 Digits

SUB-TOTAL SERVICE

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3 Digits

DAYS

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3 Digits

HOURS

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3 Digits

MINUTES

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3 Digits

I HEREBY CERTIFY THAT THE NAMES OF TEACHERS, ET AL., THEIR FILE NUMBERS, SOCIAL SECURITY NUMBERS AND ASSIGNMENTS, LISTED ARE CORRECT; and that the persons named above were duly licensed in accordance with the by-laws of the Board of Education; and that such services were rendered in accordance with the by-laws and regulations of the Board of Education of the City of New York.
I CERTIFY FURTHER THAT THE SAID SERVICE IN EACH CASE REPRESENTS THE AGGREGATE OF THE DAILY TIME RECORDED DURING THE INDICATED PAYROLL PERIOD EITHER ON TIME CARDS OR IN A TIME BOOK; and that such time cards or time book have been regularly inspected by me and are available for audit and that the people listed performed actual personal service in this school or program

Signature: _____
Principal or Supervisor-in-Charge _____
Date _____

Prepared by _____

Payroll Examiner _____

Keypunch Operator _____

Key Verifier _____

SERVICE REPORT GRAND TOTALS

ENTRIES (9-11)	DAYS (12-15)	HRS. (16-18)	MIN. (19-21)													
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APPROVED BY: _____
Community Superintendent or Executive Director